

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.	109903412	FILING DATE	7/11/01
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9	1		1				59				
10		1	1				60				
11		1	1				61				
12		1	1				62				
13		1	1				63				
14		1	1				64				
15		1	1				65				
16		1	1				66				
17		1	1				67				
18		1	1				68				
19		1	1				69				
20		1	1				70				
21		1	1				71				
22	1		1				72				
23		1	1				73				
24		1	1				74				
25		3	3				75				
26	1		1				76				
27		1	1				77				
28		1	1				78				
29		1	1				79				
30		1	1				80				
31		1	1				81				
32		1	1				82				
33		1	1				83				
34		1	1				84				
35		1	1				85				
36		1	1				86				
37		1	1				87				
38		1	1				88				
39		1	1				89				
40		1	1				90				
41	1		1				91				
42	1		1				92				
43		1	1				93				
44	1		1				94				
45		1	1				95				
46		1	1				96				
47		1	1				97				
48		1	1				98				
49		1	1				99				
50		1	1				100				
TOTAL IND.	9		9				TOTAL IND.				
TOTAL DEP.	43		39				TOTAL DEP.				
TOTAL CLAIMS	52		48				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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